

08-03-2001



Atty. Docket No.: 3050-0104P

Page 1 of 1

REC

101799235

ET

To the Honorable Commissioner of Patents and Trademarks:  
Please record the attached original documents or copy thereof.

1. Name of conveying party(ies):

TYPE LAST NAME HERE type first name here

FEDER

Abe H.

7-31-01

Additional name(s) of conveying party(ies) attached?

☐ YES ☒ NO

2. Name and address of receiving party(ies)

Name: LAVERNE ROSTON

Internal Address:

Street Address: 311 East 71<sup>st</sup> Street, Suite 2H

City: New York State: NY ZIP: 10021

Country: US

Postal Code:

Additional name(s) & address(es) attached? ☐ YES ☒ NO

3. Nature of conveyance:

☒ Assignment☐ Merger☐ Security Agreement☐ Change of Name☒ Other: Last Will and Testament; Certificate of

Death

Execution Date: September 9, 1996

4. Application number(s) or patent number(s):

If this document is being filed together with a new application, the execution date of the application is:

A. Patent Application No(s).

08/055,881

B. Patent No.(s).

5,282,119

Additional numbers attached? ☐ YES ☒ NO

5. Name and address of party to whom correspondence concerning document should be mailed:

Name: BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP

Street Address: P.O. BOX 747

City: FALLS CHURCH State: VA ZIP: 22040-0747

Country: USA

6. Total No. of applications/patents involved: One (1)

7. Total fee (37 C.F.R. § 3.41): \$40.00

☒ Enclosed☒ Authorized to be charged to deposit account, if no fee attached.

8. Deposit account number: 02-2448

(Attach triplicate copy of this page if paying by deposit account)

DO NOT USE THIS SPACE

9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

James M. Slattery, #28,380

Name of Person Signing/Reg. No.

Signature

7-30-01

Date

Total number of pages including cover sheet, attachments, and document: Thirteen (13)

08/03/2001 DBYRNE 00000045 08055881

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(Rev. 06/29/01)

PATENT  
REEL: 012023 FRAME: 0484

## The People of the State of New York,

2232/97

To all to whom these presents shall come or may concern,

SEND GREETING:

Know Ye, That we, having inspected the records of our Surrogate's Court in and for the County of New York, do find that on the 21ST day of JULY in the year one thousand nine hundred and 97 by said Court, Letters Testamentary on the estate of

ABE H. FEDER

late of the County

of New York, deceased, were granted unto

Laverne Roston

the Executrix named in the last Will and Testament of said deceased, and that it does not appear by said Records that said Letters have been revoked.

In Testimony Whereof, we have caused the Seal of the Surrogate's Court of the County of New York to be hereunto affixed.

Witness, Honorable EVE PREMINGER  
said County, in the City of New York, the 24TH day of  
year of our Lord one thousand nine hundred and 97

JULY, a Surrogate of our  
in the  
Clerk of the Surrogate's Court.

## CERTIFICATE OF DEATH

156-97-020489

Certificate No.

APR 25 7 32 PM '97

1. NAME OF  
DECEASED  
(Type or Print)

ABE

H.

FEDER

(First Name)

(Middle Name)

(Last Name)

## MEDICAL CERTIFICATE OF DEATH (To be filled in by the Physician)

2. PLACE OF DEATH	2. NEW YORK CITY 2a. BOROUGH Manhattan	2b. Name of hospital or other facility (if not facility, street address) 311 East 71 Street	2c. If in hospital or other facility 1 <input type="checkbox"/> DOA 3 <input type="checkbox"/> Outpatient 2 <input type="checkbox"/> Emerg. 4 <input type="checkbox"/> Inpatient	2d. If inpatient, date of current admission Month Day Year
3a. Date and Hour of Death (Month) (Day) (Year) April 24 1997	3b. HOUR 2:00	4. SEX Male	5. APPROXIMATE AGE 86 years	

## 6. I HEREBY CERTIFY THAT: (Check One)

☒ I attended the deceased☐ A staff physician of this institution attended the deceased☐ Dr. \_\_\_\_\_

attended the deceased

from March 26 19 97 to April 24 19 97 and last saw him alive at 3:00 P.M.

on April 15 19 97. I further certify that traumatic injury or poisoning DID NOT play any part in causing death, and that death did not occur in any unusual manner and was due entirely to NATURAL CAUSES. See first instruction on reverse of certificate.

Witness my hand this 25 day of April 19 97 Signature

Name of Physician Arthur M. Figur, M.D.

Address

1111 PARK AVE NYC 10128  
NY 078231

License No.

M.D.

## PERSONAL PARTICULARS (To be filled in by Funeral Director or, in case of City Burial, by Physician)

7. Usual Residence a. State New York	7b. County NY	7c. City, Town, or Location New York	7d. Street & House No. 311 East 71st Street	Zip 10021 2H	Apt. No.	7e. Inside City Limits of 7c <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. Served in U.S. Armed Forces No Yes Specify years 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> From To II	9. Marital Status (Check One) 1 <input type="checkbox"/> Never Married 2 <input checked="" type="checkbox"/> Widowed 3 <input type="checkbox"/> Married or separated 4 <input type="checkbox"/> Divorced	10. Name of Surviving Spouse (If wife, give maiden name)				
11. Date of birth (Month) (Day) (Year) June 27, 1909	12. Age at last birthday 87	If under 1 Year mos. days	If less than 1 Day hours mins.	13. Social Security No. 102-28-3798		
14a. Usual Occupation (Kind of work done during most of working lifetime. Do not enter retired) Lighting Designer			14b. Kind of business or industry Lighting			
15. Birthplace (City & State or Foreign Country) Milwaukee Wisconsin	16. Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	17. Other name(s) by which decedent was known				
18. NAME OF FATHER OF DECEDENT Benjamin Feder			19. MAIDEN NAME OF MOTHER OF DECEDENT Sane Newfeld			
20a. NAME OF INFORMANT Laverne Roston	20b. RELATIONSHIP TO DECEASED Executor	20c. ADDRESS (CITY) (STATE) (ZIP) 311 East 71st St. New York NY 10021				
21a. NAME OF CEMETERY OR CREMATORY Riverside Cemetery	21b. LOCATION (City, Town, State and Country) Saddlebrook, New Jersey	21c. DATE OF BURIAL OR CREMATION April 27, 1997				
22a. FUNERAL ESTABLISHMENT FRANK E. CAMPBELL		22b. ADDRESS 1076 Madison Ave. New York NY 10028				

R15 (1/94) VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record on file in the Department of Health. The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been provided by law.

## DEATH TRANSCRIPT

STEVEN P. SCHWARTZ  
CITY REGISTRAR

Do Not accept this transcript unless it bears the raised seal of the Department of Health. The reproduction or alteration of this transcript is prohibited by Section 3.27 of the New York City Health Code.

VITAL RECORDS

DEPARTMENT OF HEALTH

THE CITY OF NEW YORK

DATE ISSUED

APR 25 1997

DOCUMENT NO. D323800

LAST WILL

and

TESTAMENT

of

ABE H. FEDER

dated

September 9, 1996

LAST WILL AND TESTAMENT

OF

ABE H. FEDER

I, ABE H. FEDER, presently residing in the County of New York, State of New York, do hereby revoke any and all Wills and Codicils heretofore made by me, and declare the following to be my Will:

FIRST: I direct that all my just debts and funeral expenses be paid as administration expenses of my estate as soon after my death as practicable.

SECOND: I direct that my remains be interred in my plot at Riverside Cemetery, Saddle Brook, New Jersey. I am not to be cremated.

THIRD: I give and bequeath my business, which is known by the name of LIGHTING BY FEDER, presently located in the Borough of Manhattan, City and State of New York, including, but not limited to the good will thereof, the trade name and the appurtenances of the said business, to my trusted and beloved associate, LAVERNE ROSTON. It is my wish, but not direction, A H F

that the firm, LIGHTING BY FEDER, be carried on and that the recognition, success and acclaim which this firm has attained be continued in her most capable hands.

FOURTH: I give and bequeath to my devoted associate, LAVERNE ROSTON, the sum of Five Thousand Dollars (\$5,000.00).

FIFTH: I give and bequeath to my beloved brother, THEODORE FEDER, the sum of Five Thousand Dollars (\$5,000.00), and I also bequeath to him my framed White House Christmas Card (President Lyndon B. Johnson) with its accompanying framed script/poem.

SIXTH: I give and bequeath to my beloved nephew, DR. EUGENE FEDER, the sum of One Thousand Dollars (\$1,000.00).

SEVENTH: I give and bequeath to my beloved niece, BOLA FEDER KELMAN, the sum of One Thousand Dollars (\$1,000.00).

EIGHTH: I give and bequeath to my beloved niece, SHULAMET HALPERIN, who resides in Israel, the sum of One Thousand Dollars (\$1,000.00). A H F

NINTH: I give and bequeath to my beloved niece,  
BEVERLY WIDDER, the sum of One Thousand Dollars (\$1,000.00).

TENTH: I give and bequeath to my beloved niece,  
JUNE JAFFEE, the sum of One Thousand Dollars (\$1,000.00).

ELEVENTH: Unless I have disposed of it prior to  
my death, I hereby give and bequeath all my architectural  
designs, papers, drawings, patents, models, photographs,  
slides, videotapes and documents located at WHITEHALL BUSINESS  
ARCHIVES, 40 Worth Street, New York City, New York, and the  
offices of LIGHTING BY FEDER, New York City, New York, to  
LAVERNE ROSTON for her disposition.

TWELFTH: Unless I have disposed of it prior to  
my death, I hereby give and bequeath all my design patents,  
servicemarks, trademarks and copyrights issued in my name,  
ABE H. FEDER, or in conjunction with LIGHTING BY FEDER or  
FOCALITE CORPORATION, New York City, New York, to LAVERNE ROSTON  
for her disposition. I specifically bequeath the FOCALITE  
Patent to LAVERNE ROSTON.

THIRTEENTH: I hereby give and bequeath access and  
rights to all my collected theatrical work. ABE H. FEDER THEATRE, A H F

LIGHTING COLLECTION, located at the GLESCA MARSHALL THEATRE LIBRARY, SPRINGER OPERA HOUSE, COLUMBUS, GEORGIA, to LAVERNE ROSTON for her disposition.

FOURTEENTH: I give and bequeath to LAVERNE ROSTON all the balance of my personal effects and tangible personal property consisting of pictures, paintings, works of art, books, household furnishings, equipment and the contents of my residence, together with all of my insurance in respect thereof.

FIFTEENTH: All the rest of my estate, residue and remainder of my estate of whatsoever nature and wheresoever situate which I may own or to which I may in any way be entitled at the time of my death, including any lapsed legacies or devises, which is hereby defined as residuary estate, I give, devise and bequeath to LAVERNE ROSTON, if she survives me. If LAVERNE ROSTON predeceases me, I devise and bequeath my residuary estate to DONNA GOJSOVICH BELDA, residing in Shaker Heights, Ohio, and/or DR. GEORGE D. ROSTON, residing in New York City, New York, sister and husband of LAVERNE ROSTON respectively, either jointly or to whomsoever shall survive. AHF



SIXTEENTH: I appoint LAVERNE ROSTON as sole Executrix of this Will. If LAVERNE ROSTON predeceases me or for any other reason fails to act or ceases to act as Executrix, I appoint DONNA GOJSOVICH BELDA and/or DR. GEORGE D. ROSTON as Co-Executors, to act jointly or separately if one predeceases the other. I direct that no bond or security or other undertaking be required of my Executors or their successors hereunder in any jurisdiction because of their office.

SEVENTEENTH: I direct my Executrix or Executors to pay any and all estate, inheritance, and other death taxes, and all interest and penalties thereon, imposed by reason of my death by the United States of America or any government, or subdivision thereof.

EIGHTEENTH: No interest of any beneficiary under this, my last Will, either in income or principal, shall be subject to pledge, assignment, sale or transfer in any manner, nor shall any beneficiary have the right to anticipate, charge or encumber his or her interest, nor shall such interest be liable or subject in any manner for the debts, contracts, liabilities or torts of such beneficiary. AHF

NINETEENTH: If any legatee, devisee or beneficiary named in this, my Will, shall, in any way, directly or indirectly, contest or object to the probate of this, my Will, or dispute any clause or provision thereof, or institute or prosecute, or in any way, directly or indirectly, be interested or instrumental in the institution or prosecution of any action, proceeding, contest or objection, for the purpose of setting aside or invalidating this, my Will, or any clause or provision thereof, then, and in each case, such legatee, devisee or beneficiary shall receive nothing whatsoever under this, my Will, and my estate shall be disposed of in like manner as though such legatee, devisee or beneficiary had predeceased me, leaving no issue surviving.

IN WITNESS WHEREOF, I have hereunto set my hand and A.H.F.  
seal this 9 day of Sept, 1996.

Abbe H. Feder  
ABE H. FEDER

WITNESSES:

Ada Levin  
Edgar Weinstein  
Wanda Janikowski

The foregoing instrument, consisting of six (6) pages, exclusive of this page, which pages have been initialled by the Testator, ABE H. FEDER, was signed, sealed, published and declared by the said TESTATOR as and for his Last Will and Testament, in our presence, and at the same time we, at his request, in his presence and in the presence of each other, have hereunto signed our names as attesting witnesses and added opposite thereto our respective places of residence, all on this 9 day of Sept, 1996.

Ira Levin

residing at

519 Burlington St

Paramus Nj 07652

Edgar Weinstock

residing at

258 Argyle Road

Brooklyn, New York 11218

Wanda Jankowski

residing at

20 E. 35 Street, #12 m

New York, NY 10016

AFFIDAVIT OF ATTESTING WITNESS

State of New York )

ss.:

County of New York)

The deponents IRA LEVIN, EDGAR WEINSTOCK

and WANDA JANIKOWSKI

being severally duly sworn, depose and say: that the within named Testator, ABE H. FEDER, in the presence of the deponents, all of them being together, signed only the original and no copies of the foregoing Will on the 9 day of Sept, 1996, at OFFICES OF LIGHTING BY FEDER

1600 BROADWAY Ste 703 NY NY 10019 and at the same time declared it to be his Will; that thereupon, the deponents, at the Testator's request, in his presence, and in the presence of each other, signed the foregoing Will as attesting witnesses to it; that, at the time of execution of the foregoing Will, the Testator was over the age of eighteen years, and in each of the deponent's opinion, was of sound mind, memory and understanding, was under no duress or restraint, and was in all respects competent to make a Will; that the Testator could read, write and converse in English, and was free from any defect of sight, hearing or speech or from any other physical or mental impairment which would affect his capacity to make a Will; that the deponents make this affidavit to establish the genuineness of the foregoing Will and the validity of its execution, at the Testator's request.

Ira Levin  
Edgar Weinstock  
Wanda Janikowski

Severally subscribed and sworn to before me this 9<sup>th</sup> day of SEPT., 1996.

Meena M. Gulati  
Notary Public

MEENA M. GULATI  
Notary Public, State of New York  
No. 01GU5015872  
Qualified in New York County  
Commission Expires August 2, 1997

230 West 99<sup>th</sup>  
#5E  
NEW YORK, N.Y.  
10025